Request for Extended Protection

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to formally request an extension of protection under my insurance policy ([Policy Number]) which is due to expire on [Expiration Date]. Given the current circumstances surrounding [briefly describe situation or reason for request], I believe it is in my best interest to secure additional coverage during this time.

As a valued policyholder, I have always adhered to the terms and responsibilities outlined in my agreement. I kindly ask you to consider my request for extended protection, which I believe will provide me with the necessary peace of mind.

If you require any further information or documentation to process my request, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address]. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]